ATTACHMENT 5 Examples of requests for prior authorization for disposable medical supplies

Examples of new requests for prior authorization before and after the implementation of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) are illustrated below.

For example, if both of the following are true:		Then use the following:		
Date of receipt	Requested start date	Prior authorization (PA) forms and instructions	Codes	
9/1/03	9/30/03	Pre-HIPAA PA forms and instructions	Pre-HIPAA nonmedical codes.Pre-HIPAA medical codes.	
9/30/03	10/14/03	Pre-HIPAA PA forms and instructions	Pre-HIPAA nonmedical codes.Pre-HIPAA medical codes.	
10/14/03	11/1/03	Revised PA forms and instructions	National nonmedical codes.National medical codes.	

For the following examples, the disposable medical supply (DMS) to be received is an IV administration reservoir bag with tube for use in the home.

For example, if both of the following are true:		Then use the following:					
Date of receipt	Requested start date	PA forms and instructions	Procedure code	Modifier(s)	Place of service code	Type of service code	
9/1/03	9/30/03	Pre-HIPAA PA forms and instructions	W1237	None	4	9	
9/30/03	10/14/03	Pre-HIPAA PA forms and instructions	W1237	None	4	9	
10/14/03	11/1/03	Revised PA forms and instructions	T1999	U4	12	None	

For the following examples, the DMS is a tracheostomy tube holder purchased as an exceptional supply for use in a skilled nursing facility.

For example, if both of the following are true:		Then use the following:				
Date of receipt	Requested start date	PA forms and instructions	Procedure code	Place of service code	Type of service code	
9/1/03	9/30/03	Pre-HIPAA PA forms and instructions	W6890	8	Р	
9/30/03	10/14/03	Pre-HIPAA PA forms and instructions	W6890	8	Р	
10/14/03	11/1/03	Revised PA forms and instructions	E1399	31	None	